

Iowa Immunization Registry Information System (IRIS)

Vaccines for Children (VFC) Program Re-Enrollment Instructions

Version 1.5

April 2016

These directions are intended to provide step-by-step instructions for completing the Vaccines for Children (VFC) Program's annual re-enrollment, which is required for all participating VFC providers. Only IRIS Admin users have access to complete VFC re-enrollment. To add additional Admin Users, complete the [IRIS Site Enrollment Form](#), which can be found under the Forms tab of IRIS, and send the completed form to the Iowa Immunization Program staff as indicated on the form.

VFC Re-Enrollment Form Completion

- 1) Log into IRIS at <https://iris.iowa.gov> using your Org Code, Username, and Password. Use Internet Explorer as your web browser.

- 2) Select the Manage Access/Account link on the menu panel.

- 3) Select Edit Organization.

- 4) Enter your organization name in the search string, then select 'search'. You can type the full name or just part of the organization name.

- 5) Select the organization hyperlink in the Name column of the search results section.

Name	Org Code	VFC Pin	City	County	Open
IR PHYSICIANS	IRPH	Z90090	DES MOINES	Polk	Y

- 6) Review your organization's VFC Patient Activity chart, displayed under the State Supplied Vaccine Profile.

VFC Patient Activity

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	113	341	480	910
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	99	277	330	684
No Health Insurance	13	57	117	185
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	2	14	38	54
Total VFC Eligible Patients	113	341	478	908

Begin Date: 04/01/2015 Update

End Date: 03/31/2016

- a) If the organization uses IRIS to track VFC vaccine inventory, the VFC Patient Activity chart will be populated, and changes will not need to be made. Proceed to step 7.
- b) If the organization **does not** track VFC vaccine inventory in IRIS, the admin user will need to update the VFC Patient Activity chart manually. An example of the chart is displayed below. The Patient Activity must reflect one year. Enter the number of patients in each cohort that received immunizations at the organization from 4-1-2015 through 3-31-2016. These numbers should represent unduplicated **patients for each age cohort** and not immunizations. Some patients may be counted in multiple categories (for instance, if they received an immunization at age 9 months and another at 14 months).

VFC Patient Activity

For a 12 month period, enter the number of children in each age cohort who will receive vaccinations at your facility

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	16	124	10	150
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	14	122	10	146
No Health Insurance	2	2	0	4
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	0	0
Total VFC Eligible Patients	0	0	0	0

Begin Date

End Date

- c) Once the VFC Patient Activity chart is completed, edit the date range below the chart to show the beginning date of 04/01/2015 and ending date of 03/31/2016, and select 'Update' to save the entries.

VFC Patient Activity

For a 12 month period, enter the number of children in each age cohort who will receive vaccinations at your facility

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	16	124	10	150
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	14	122	10	146
No Health Insurance	2	2	0	4
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	0	0
Total VFC Eligible Patients	0	0	0	0

Begin Date

End Date

- 7) Review and update your organization's main contact information, including vaccine delivery address.

Main Contact Information

Contact Information

Telephone

Facsimile

Email

Address Information

Physical

Address 1 Address 2 PO Box

City State Zip +4 Geocoded: No

Mailing

Address 1 Address 2 PO Box





City State Zip +4 Geocoded: No

Vaccine Delivery

Address 1 Address 2 PO Box

City State Zip +4 Geocoded: No

- 8) Review the organization's Individual contacts. **The following roles are required when completing the re-enrollment process: Medical Director, Primary Vaccine Coordinator, Back-Up Vaccine Coordinator, and Vaccine Delivery.** The role of Medical Director also requires Title, Medicaid/NPI, and Medical License.

Individual Contacts					
Contact Listing					
Role	Title	Name	E-Mail	Edit	Del
Vaccine Delivery		DOW CHARLES	NOONE@NOPLACE.COM		
Address: 321 E 12TH ST PHY DES MOINES IA 50319 -			Geocoded: No		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI: 1234212			Medical License: 7693293		
Primary VFC Vaccine Coordinator		ALPHA TANGO	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		
Back-Up VFC Vaccine Coordinator	NP	ROSE TERMEN	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		

- a) To add a contact, complete the 'Add Contact' box below the Contact Listing, then select 'Apply'.

Add Contact

* Role
Primary VFC Vaccine Coordinator

Title

* Last Name
Roberta

* First Name
Roberts

Middle Name

Email
IRIS_admin@irphysicians.org

Telephone
515 - 831 - 3958

Ext

Medicaid/NPI

Address 1
123 W 12TH Ave

Address 2
SUITE 400

PO Box

City
DES MOINES

State
IA
Zip
50319
+4



Facsimile
- -

Ext

Medical License

Apply
Cancel

- b) To update or change a contact, select the Edit icon for the entry.

Contact Listing					
Role	Title	Name	E-Mail	Edit	Del
Vaccine Delivery		CASEY WALLACE	ADMIN@IRPHYSICIANS.ORG		
Address: 15 SOUTHERN AVE DES MOINES IA 50311 - 2345			Geocoded: No		
Phone: (555)342-6655x3444			Facsimile: (123)456-7890		
Medicaid/NPI:			Medical License:		
Medical Director	MD	RICHARD M EXAMPLE			
Address: 4321 MAIN DES MOINES IA 50310 -			Geocoded: No		
Phone: (444)555-6644			Facsimile: (123)456-7890		
Medicaid/NPI: 983785048928			Medical License: 83478403023		

- c) The contact's details will be displayed in the Edit Contact section. Make necessary changes, then select 'Apply'. Repeat as necessary for all contacts.

Edit Contact

* Role
Medical Director

Title
MD

* Last Name
EXAMPLE

* First Name
RICHARD

Middle Name
M

Email

Telephone
444 - 555 - 6644

Ext

Medicaid/NPI
983785048928

Address 1
4321 MAIN

Address 2

PO Box

City
DES MOINES

State
IA
Zip
50310
+4

Facsimile
- -

Ext

Medical License
83478403023

Apply
Cancel

- 9) Once the necessary updates have been made, select the 'Save' button at the top of the Edit Organization page. A red message will display at the top of the page to confirm changes were saved.

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

Edit IRIS PROFILE

IS Status ☒ Open ☐ Closed

Org Id: 2

* Name: IR Physicians

Save Cancel

- 10) Return to the IRIS application.

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

**** Organization Updated ****

Edit IRIS PROFILE

Org Id: 2

* Name: IR Physicians

Org Code: IRPH

Org Type: IPA/Vendor

Federal Designation: No

Hospital FPI:

County: Polk

Save Cancel

Organization Relationships

Data Source: Self

IRIS Group:

Manage Access

Add User

Add Multiple Users

Edit User

List Organizations

Edit Organization

Applications

IRIS

- 11) Select the blue hyperlink for your organization to return to the IRIS home page.

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

[IR Physicians](#)

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- 12) From the IRIS home page, select the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.

Active Inventory that is Going to Expire ...

Site Name	Trade Name	Lot Number	On Hand	VFC	Exp Date
IR Physicians	IPOLE	1249AA	49	Y	05/13/2013

Inventory that is Running Low by Vaccine Group ...

Vaccine Group	Quantity On Hand	VFC
No vaccine groups have a low inventory.		

Inventory that is Running Low by Trade Name ...

Trade Name	Quantity On Hand	VFC
Pentacel	3	N
Tubersol	10	N

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Check reminder/recall
manage custom letters
vaccine eligibility
doses administered
group patients
check group status
cocasa extract
check request status
assessment report
check assessment
benchmark report
check benchmark
ad hoc list report
ad hoc count report
ad hoc report status
reminder / recall

Inventory

manage inventory
manage orders
manage transfers
shipping documents
transaction summary

Maintenance

manage schools
manage physicians
manage clinicians
vfc re-enrollment form

- 13) Confirm the data saved on the Edit Organization page appears on the VFC Provider Enrollment Form. If changes are needed in the sections labeled Facility Information, Medical Director or Equivalent, VFC Vaccine Coordinator, or Backup Vaccine Coordinator, return to step 2 and make the necessary corrections.

IRIS
IMMUNIZATION REGISTRY
INFORMATION SYSTEM

Production Region 3.0

Patients
enter new patient
manage patient

Immunizations
manage immunizations

Mass Vaccination
mass vaccination entry

Reports
check reminder status
check reminder list
manage custom letters
check request status
vaccine eligibility
doses administered
group patients
check group status
assessment report
check assessment
benchmark report
check benchmark

home manage access/account forms related links logout help desk

organization IR Physicians • user Matt Jacobs • role IRIS Admin (Org)

Iowa Department of Public Health
Vaccines for Children Program
Provider Enrollment Form

Facility Information

* Facility Name IR Physicians
* Facility Address 15 SOUTHERN AVE
DES MOINES IA, 50311-2345
* Phone Number (555)342-6655
Fax Number (123)456-7890

Medical Director or Equivalent

Primary

* Title MD
* Last Name EXAMPLE * Medicaid/NPI # 983785048928
* First Name RICHARD * Medical License # 83478403023
Middle Name M

Secondary

* Title MD
* Last Name SMITH * Medicaid/NPI # 1234566
* First Name JANE * Medical License # 2345764
Middle Name EUNICE

- 14) Review the section for Providers Practicing at this Facility and edit as needed (see a.i. below for more details). Confirm all providers with the organization are listed, including Title, Last Name, First Name, Medicaid/NPI number, and Medical License number. These fields are required for all providers. If necessary, use the navigation buttons at the bottom of the chart to review the entire provider list. The first time this form is completed will require adding all participating providers (physicians, physician assistants and nurse practitioners) (see a. below for more details).

ad hoc list report
ad hoc count report
ad hoc report status
reminder / recall
cocasa extract

Inventory
manage inventory
manage orders
manage transfers
transaction summary

Data Exchange
exchange data
check status
manage data exchange
vital data exchange
job monitor
submit hmo data
submit hmo query
organizational extract
custom flat file layouts
custom csv file layouts

Maintenance
manage schools
manage physicians
manage clinicians
vfc re-enrollment form

Providers Practicing at this Facility

Add/Edit Provider

* Title MD
* Last Name Miller * Medicaid/NPI # 90234789234
* First Name Thomas * Medical License # 42789239423
Middle Name K

Save
Delete
Cancel

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547645633	544341100	Edit
5	Engleside	Etta		MD	1185838064	1218939053	Edit
6	Fox	Francis	Kelly	DO	7621237342	234994	Edit
7	Gerhardt	Gertrude		MD	234905642	765123512	Edit
8	Innsmouth	Irene		MD	3450876894	34516562	Edit
9	Konnor	Kappa	A	PA	4567632323	12341223	Edit
10	Lewis	Leonard	P	MD	0983121009	98712632	Edit

Page 1 of 2 << < > >>

- a) To add a new provider to the list, enter their data into fields in the Add/Edit Provider section and select 'Save'. The data will be added to the display with the other providers, and the Add/Edit Provider section will clear.

check benchmark
ad hoc list report
ad hoc count report
ad hoc report status
reminder / recall

Inventory
manage inventory
manage orders
manage transfers
shipping documents
transaction summary

Providers Practicing at this Facility

Add/Edit Provider

* Title MD
* Last Name Miller * Medicaid/NPI # 90234789234
* First Name Thomas * Medical License # 42789239423
Middle Name K

Save
Delete
Cancel

- i) To update or change provider data, select the 'Edit' button for the entry.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name

* First Name

Middle Name

* Medicaid/NPI #

* Medical License #

Save Delete Cancel

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547645633	544341100	Edit
5	Engleside	Etta		MD	1185838064	1218939053	Edit
6	Fox	Francis	Kelly	DO	7621237342	234994	Edit
7	Gerhardt	Gertrude		MD	234905642	765123512	Edit
8	Innsmouth	Irene		MD	3450876894	34516562	Edit
9	Konnor	Kappa	A	PA	4567632323	12341223	Edit
10	Lewis	Leonard	P	MD	0983121009	98712632	Edit

Page 1 of 2 << < > >>

- ii) With the provider's data in the Add/Edit Provider section, make necessary changes, then select 'Save'. The data will be updated on the chart, and the Add/Edit Provider section will clear.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name Chase

* First Name Catherine

Middle Name D

* Medicaid/NPI # 2323423456

* Medical License # 1234112345

Save Delete Cancel

- b) If a provider needs to be removed from the list, select the 'Edit' button for the entry, then select the 'Delete' button in the Add/Edit Provider section.

Providers Practicing at this Facility

Add/Edit Provider

* Title MD

* Last Name Miller

* First Name Thomas

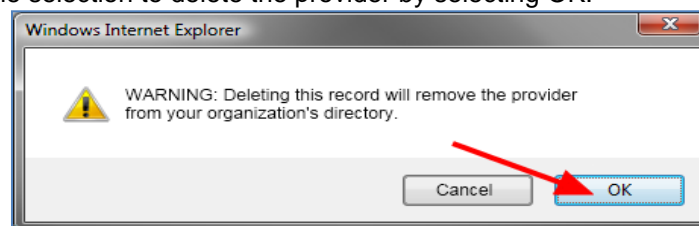
Middle Initial

* Medicaid/NPI # 4234072932

* Medical License # 5422104782992


Save Delete Cancel

- i) Confirm the selection to delete the provider by selecting OK.



- c) Note: Some organizations choose to manage the physician dropdown menu within IRIS, which is available under the Manage Physicians link on the left menu panel. Physicians entered in the VFC Re-Enrollment Form are automatically added to an organization's physician dropdown menu.

manage transfers shipping documents transaction summary Maintenance manage schools manage physicians manage clinicians vfc re-enrollment form



- 15) Complete the VFC Vaccine Coordinator section. The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator are required to complete the training annually. The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The following modules are required:
- Vaccine Storage and Handling-2016
 - Vaccines for Children Program-2016

After completing the training, check the box confirming completion of the required VFC training modules. Additional staff may also complete the training.

☒ The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator have completed the annual training requirements. The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The following modules are required:
[Vaccine Storage and Handling](#)
[Vaccines for Children Program](#)

- 16) Read the VFC enrollment requirements. Read/scroll through the entire agreement prior to selecting the 'I accept' check box.

Agreement

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.


15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

☐ I accept

Medical Director or Equivalent Signature _____

Date 06/13/2014



- 17) Check the box indicating you accept the VFC enrollment requirements.

Agreement

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.


15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

☒ I accept

Medical Director or Equivalent Signature _____

Date 06/13/2014



18) Type your signature.

Agreement

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

☒ I accept

Medical Director or Equivalent Signature: Susan Anthony

Date: 06/13/2014

Submit

19) Select the 'Submit' button. If any alert messages appear at the top of the page, you must make the necessary corrections and select submit again.

a) Note: Depending on the alert messages, some edits will be required on the Edit Organization screen (see Step 2).

Agreement

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

☒ I accept

Medical Director or Equivalent Signature: Susan Anthony

Date: 06/13/2014

Submit

20) A screen appears, confirming submission of the VFC Enrollment Form.

IRIS
IMMUNIZATION REGISTRY INFORMATION SYSTEM

Production Region 3.0

Patients
manage patient
enter new patient

home manage access/account forms related links logout help desk

organization IR Physicians • user Matt Jacobs • role IRIS Admin (Org)

VFC Enrollment Form has been submitted

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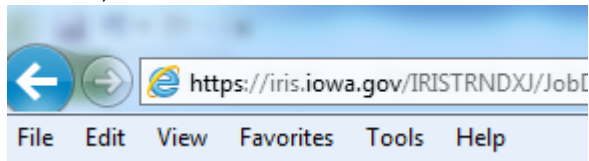
21) Once successfully submitted, the VFC Enrollment Form will be locked until the next renewal period. If there are errors on the form that need to be corrected or updates are needed after it has been submitted, contact the Vaccines for Children Program at 800-831-6293, ext. 4.

a) Note: The VFC Re-Enrollment Form is required annually, changes throughout the year do **not** require a new form to be submitted. To change your organization's details, follow steps 2-9. To modify providers practicing with the organization, use the 'Manage Physicians' link as noted in step 14c.

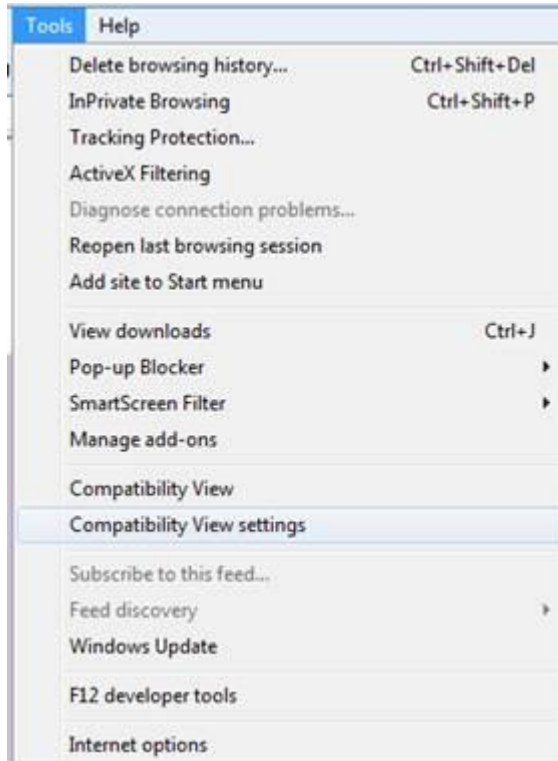
Troubleshooting the VFC Enrollment Form

To make Internet Explorer browser compatible with IRIS, follow these steps:

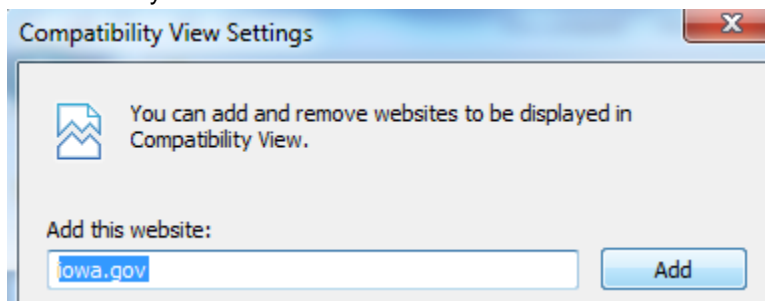
- 1) Select the 'Tools' option from the Menu Bar on the browser (this is found below the IRIS web address):



- 2) From the 'Tools' dropdown menu, select the 'Compatibility View Settings' option:



- 3) From the new window that opens, 'iowa.gov' should be in the 'Add this website' field automatically. Select the 'Add' button:



- 4) 'iowa.gov' should appear in the 'Websites you've added to Compatibility View' box. Select the 'Close' button.

